

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Billups, #211-903
 Ross Correctional Institution
 PO Box 7010
 Chillicothe, OH 45601

2. Article Number

(Transfer from service label)

7003 1680 0000 0330 4788

PS Form 3811, August 2001

61-377 (Oct 15) SAS

Domestic Return Receipt

102595-02-1-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Yes ☐ No☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

Case 1:01-cv-00377-SAS-TS

Document 152-2

Filed 02/20/2004

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